2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State
03-26-2004 90027 004 ***150.00

DOCUMENT # P94000078158

1. Entity Name
REBEL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7368 WESTPORT PLACE WEST PALM BEACH, FL 33413 US	7368 WESTPORT PLACE WEST PALM BEACH, FL 33413 US

03162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
6738-A Wallis Road	6738-A Wallis Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33413 Country: Palm Beach	Zip: 33413 Country: Palm Beach

4. FEI Number 65-0516344 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEPPER, KEISHA
7368 WESTPORT PLACE
WEST PALM BEACH, FL 33413

7. Name and Address of New Registered Agent

Name: Keisha Pepper
Street Address (P.O. Box Number is Not Acceptable): 6738-A Wallis Road
City: West Palm Beach FL Zip Code 33413

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Keisha Pepper 3/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Amado G. Lopez West Palm Beach 6738-A Wallis Rd., 33413 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amado G. Lopez 561-795-5692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #